



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Noah Sanford  
 Address P.O. Box 1900 Collins, MS 39428 County Covington  
 Telephone ~~601-576-2545~~ 601-705-4122 Fax \_\_\_\_\_  
 Office Sought HD90 Email Address Noah.L.Sanford@gmail.com

Check here if above is different from previous report

**January 31, 2017 Annual Report** (January 1, 2016 through December 31, 2016).....**Mandatory**  
*All candidates, excluding judicial candidates on the November 2016 General Election ballot.*

\_\_\_\_ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,950 +\$ 0	\$ 1,950	\$ 1,950
Total amount of disbursements	\$ 750 <sup>00</sup> +\$ 580 <sup>00</sup>	\$ 1,330	\$ 1,330
Total amount of cash on hand		\$ 2,261 <u>51</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Noah Sanford  
Signature of Candidate

12/31/16  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Noah SantordReporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name <u>MS House Republican Campaign Committee</u>	Date (Mo., Day, Year) <u>06/09/10</u>	Amount of each disbursement this period \$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 2008</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500<sup>00</sup></u>
B. Full name <u>Millennial PAC</u>	Date (Mo., Day, Year) <u>11/16/10</u>	Amount of each disbursement this period \$ <u>250<sup>00</sup></u>
Mailing Address <u>P.O. Box 18822</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Hattiesburg, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250<sup>00</sup></u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Noah SanfordReporting period Jan 1, 2016 through Dec 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norfolk Southern Corp.</u>	<u>1</u> / <u>15</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>3 Commercial Place</u>	<u>7</u> / <u>27</u> / <u>16</u>	\$ <u>250</u>
City, State, Zip Code <u>Norfolk, VA 23510</u>	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Co. PAC</u>	<u>9</u> / <u>26</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 4079</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Gulfport, MS 39502</u>	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC</u>	<u>10</u> / <u>21</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 1640</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assn. PAC</u>	<u>12</u> / <u>22</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 3300</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Ridgeland, MS 39158</u>	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Noah Sanford

Reporting period Jan 1, 2014 through Dec 31, 2014

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T PAC</u>	<u>12 / 27 / 14</u>	\$ <u>250</u>
Mailing Address <u>111 E. Capitol Street, Ste. 1030</u>	/ /	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson Mississippi PAC</u>	<u>12 / 29 / 14</u>	\$ <u>200</u>
Mailing Address <u>4268 1-55 N. Meadowbrook Office Park</u>	/ /	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	\$
Mailing Address	/ /	\$
City, State, Zip Code	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$